

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/555709** FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2					
4	3					
5	0	0				
6	0	0				
7						
8	0	0				
9	0	0				
10	0	0				
11	0	0				
12	0	0				
13	1					
14		1				
15	2					
16	0	0				
17	0	0				
18	0	0				
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50						
TOTAL IND.			1			
TOTAL DEP.						
TOTAL CLAIMS			1			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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